

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/563321

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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7						
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9						
10	1					
11		1				
12		1				
13		1				
14		1				
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50						
TOTAL IND.	3		3		3	
TOTAL DEP.	3		3		3	
TOTAL CLAIMS	11		11		11	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			3		3	
TOTAL DEP.			3		3	
TOTAL CLAIMS			11		11	